



Ball State University
Office of Recreation Services
Rec-Fit/Instructional Programs
Physician's Statement and Clearance Form

PLEASE COMPLETE THIS BOX.

The Office of Recreation Services is concerned with your safety. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine.

On the Health History Questionnaire you just completed, you identified that you have one or more coronary and/or medical risk factors, which may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this medical clearance form before you can begin exercising with the Rec-FIT/Instructional programs.

We recognize that you are eager to start your fitness program, and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your exercise experience in the Rec-FIT/Instructional program to be as safe as possible.

In order to expedite this process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, he/she may be able to complete this form and fax it right back to us. In many cases, the delay is only one day.

I HEREBY GIVE MY PERMISSION TO RELEASE ANY PERTINENT MEDICAL INFORMATION FROM ANY MEDICAL RECORDS TO THE STAFF OF THE OFFICE OF RECREATION SERVICES. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Name (Print)	Signature	Date
Physician's Name		Physician's Phone Number (Include Area Code)
Physician's Address		Physician's Fax Number (Include Area Code)

STAFF USE ONLY

Reason for Medical Clearance:

PHYSICIAN'S USE ONLY

Please check one of the following statements:

- I concur with my patient's participation with no restriction.
- I concur with my patient's participation with an exercise program if he/she restricts activities to:

- I do not concur with my patient's participation with an exercise program. (If checked, the individual will not be able to join the FIT-Rec/Instructional program offered by the Office of Recreation Services)

Physician's Name (Print)	Physician's Signature	Date
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Please return to the Office of Recreation Services Office – in the Student Recreation & Wellness Center, Rm 201:
Eric Macha, Coordinator of Fitness and Wellness
Office of Recreation Services
Ball State University
Phone (765)285-2628